

Fire Drill Report

This report is to be completed immediately after each fire drill and a copy sent to the Fire Safety Director. Explain all "No" answers along with any comments, problems encountered, and recommendations on an additional sheet.

Building _____ Floor _____

Date _____ Time of drill _____

Floor evacuated at _____ Elapsed time (minutes) _____

Time drill completed _____

Check Yes or No in the spaces provided for those items that are applicable to your floor or unit.

Yes No

Communications

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the fire alarm clearly heard in all areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the public address system clearly heard in all areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Was the Fire Department notified? Time: _____ . |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Was Security notified? |

Evacuation Team Personnel

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did team members report to respective stations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did team members carry out all assigned duties (floor search, head count)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Were elevators brought to the main floor and held? |

Containment of Fire

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Were all doors closed but not locked? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Was a fire extinguisher taken to the location of the fire (if relevant)? |

Evacuation

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Were corridors and exits kept clear? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Did the evacuation proceed in a smooth and orderly manner? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Did visitors to the building take part in the drill? |

Utilities

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Were electric and gas appliances turned off? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Were lights left on? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Was the ventilating system shut down? |

Records

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Were important documents and cash secured or prepared for removal? |
|--------------------------|--------------------------|--|

Signature of Floor Warden or Observer

Date